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NHS England and NHS Improvement - East of England

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Dear Colleagues,

I wanted to share with you the recent conversation I had with MPs in the East of England, specifically on the rollout of the National Covid-19 Vaccination Programme in the region. This was a briefing that had been arranged centrally and was mirrored across the country.

I know that you have had some questions relating to the programme and thought it would be helpful to you if I shared the key themes that emerged, and the answers to them.

The priority cohorts

As I know you will appreciate, the guidance on vaccination is formulated by the JCVI, an arm's length statutory body which includes many of the UK's leading infectious disease experts who take account of all available scientific evidence. The JCVI's recommendation is based on a robust calculation of the most effective way of deploying the vaccine to save the greatest number of lives. Its guidance is strongly supported by the National Medical Director and by NHSE/I.

As I am sure you know, the first four JCVI vaccination cohorts are:

1. Residents in a care home for older adults and their carers.
2. All those 80 years of age and over and frontline health and social care workers.
3. All those 75 years of age and over.
4. All those 70 years of age and over and clinically extremely vulnerable individuals.

To complement the JCVI cohort guidance, I have identified that there are three regional delivery principles:

1. Follow the JCVI cohort guidance.
2. Deliver the vaccine safely.
3. Don't waste the vaccine.

This means that if an individual site has invited all the over-80s patients to be vaccinated and has surplus vaccine they can invite their over-75s, followed by the over-70s. This is to avoid vaccine wastage.

It should also be noted that the dental, optometry and pharmacy workforces are included in the health and social care worker cohort. They are being invited for vaccinations at hospital hubs and vaccination centres. All four JCVI cohorts will have been invited to be vaccinated by 15th February 2021, except for care home residents and staff, and the housebound who will have received a proposed visit to their care home or home.

I understand the request by some to bring forward cohort 6: those who are at moderate risk of COVID disease (under 65) and includes those with Severe Mental Illness (SMI) and Learning Disabilities (LD). However, I am also clear this is a nationally guided programme led by senior scientists and doctors and we will continue to follow the guidance. We are actively planning to vaccinate this cohort as soon as JCVI guidance allows.

This, therefore, applies also to other front line/key workers (teachers, blue light services, wider social care, food distribution, public transport workers etc) and we will respond to changes in policy about vaccinating different cohorts as and when they happen.

Delivery Model

There are three elements to the model:

1. Local Vaccination Service – GP and community pharmacy.
2. Large Vaccination Centres – aimed at higher throughput and within 45 mins travel for most people.
3. Hospital Hubs.

There are currently over 1,200 vaccination locations across England and 96% of the population lives within 10 miles of a vaccination site. Given the work that is being done to procure vaccines, we should have a lot more by Spring than we have now, and we will have more in the Summer than we have in the Spring, and we will keep the sites, locations and delivery models under review as we go.

We have already stood up 243 hospital hubs across the country and we are working hard to expand the reach of this mode of delivery.

Alongside this, local vaccination services (primary care) is a crucial part of the rollout, but we don't think a one-size-fits-all approach is the best way to get this vaccine out

to as many people as possible, as quickly as possible. The large vaccination centres provide high volume and can be staffed by teams recruited specifically to support the deployment programme. The larger-scale vaccination centres are an additional option, helping us be flexible to individual needs. People will also be getting an invitation from their local GP service for a more convenient vaccination if they would prefer that.

Pharmacies will support this too and are a very important part of the rollout. The current sites have been chosen because their stores can deliver large volumes, while allowing for social distancing, with many more planned. At this stage, we must focus our efforts on sustainably ramping up deployment and it is not the best use of the current resource to deliver vaccines to thousands of sites across the country.

Delivery to those out of reach

Primary Care Networks have established roving vaccination teams, which are aimed at those who can't leave their homes. These teams are already being used for care homes and will also focus on people who are housebound. As a guide, a single vaccinator may achieve 30 vaccinations per half-day.

Variability of delivery

This is a locally led programme and some areas have been able to get off to a quick start. There is also variability in the local populations, for example, some areas have more over-80s or care homes than others. As you know, our focus is on making sure that every local system has the resource it needs to get through the first four cohorts of the JCVI priority list as quickly as possible.

Local data and sharing of it

We have been publishing more data about the vaccine programme each week, and we are looking to develop that further. Currently, national and regional figures are published daily and ICS/STP level figures and ethnicity data are published weekly. All the NHS published data is located here https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/

Inequalities

The discussion about access to the vaccine and equality is of course uppermost in all our minds and is an ongoing conversation. I have asked each of the systems to draw heavily on your local knowledge and expertise to identify, with detail, the ethnic and cultural groups who should be offered specific and tailored input to consider being vaccinated. I am asking CCGs to draw on your community liaison skills and extensive networks to ensure we reach wherever possible to facilitate this and increase an informed conversation to support our citizens make this decision.

Possible future developments

At the moment, it doesn't make sense for every site to vaccinate people 24/7 when we have enough staff to use up the vaccine currently available to us in daytime hours. But we will absolutely keep this under review and challenge constantly as levels of

supply shift in the future. Our aim is to ensure that the only constraint is the volume of vaccine available to us and never our capacity to administer it.

I know that you have already actively engaged in conversations with the ICS/STP leads and I would encourage you to continue to do so. As the programme has evolved, the Accountable Officers have taken more responsibility for the vaccination rollout for their systems which includes operational delivery and performance of services (using the nationally determined Delivery Models), working with locally enhanced services, and ensuring equality of access for all groups to address inequalities.

I hope this goes in some way to answer any queries you have had and, once again, thank you for your continued efforts to support the ongoing response to this pandemic. The response to the pandemic across the East of England continues to be hugely impressive at every level and together we will continue.

Yours sincerely,

Ann Radmore
Regional Director (East of England)

Cc Catherine O'Connell, Vaccination Lead, East of England

STP/ICS Accountable Officers